First Named Inventor January 10, 2005 Consequence		OIF		PART B	B - FEE(S)	TRAN	ISMITTAL			
CURRANT CORRESSONDENCE ADDRESS (Note: the Bleck I for any charge of address) 10099 7590 10.008.2004 FROMMER LAWRENCE & HAUG 745 FIFTH A VENUE- 10TH FL NEW YORK, NY 1015 116.22501 700.00 0P 127.137.2005 HBL22 00000008 0991.3361 120.301.00 0P 127.137.2005 HBL22 00000008 0991.3361 120.301.00 0P 127.137.2005 HBL22 00000008 1991.3361 120.301.00 0P 127.137.2005 HBL22 00000008 1991.300.00 0P 127.137.2005 HBL22 00000008 1991.300 0P 127.137.2005 HBL22 000000008 1991.300 0P 127.137.2005 HBL22 00000008 1991.300 0P 127.137.2005 HBL22 000000008 1991.300 0P 127.137.2005 HBL22 000000008 1991.300 0P 127.137.2005		JAN 1 2 20	05 T		or <u>I</u>	<u>Fax</u>	Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450	<i></i>	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any charge of address) 2099 7590 100872004 FROMMER LAWRENCE & HAUG 745 FIFTH AVENUE - 10TH FL. NEW YORK, NY 10151 1173/2005 HR.122 0000006 09913361 12 (0000006 09913361 12 (0000006 09913361) 12 (10000006 09913361 12 (10000006 09913361) 13 (10000006 09913361 12 (10000006 09913361) 14 (100000006 09913361 12 (10000006 09913361) 15 (100000006 09913361 12 (100000006 09913361) 16 (100000000000000000000000000000000000	IN ap in m	STRUCTOUS: This for propriate. A Confederated unless corrected aintenance fee notification	to be used for transpondence including the fellow or directed otherwise as.	smitting the ISSU Patent, advance or in Block I, by (a	JE FEE and leading	PUBLIC. fication of a new co	ATION FEE (if required from the following from the	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	chould be completed where correspondence address as arate "FEE ADDRESS" for	
1 hereby ccriffy that this Fee(s) Transmittal is being deposited with the Units NEW YORK, NY 10151 10/13/2005 ML 122 00000006 09913361 12 FCE8001				any change of address)			Fcc(s) Transmittal, The papers, Each additions	is certificate cannot be used	for any other accompanying	
PERSON 30.00 BP	1/13/	745 FIFTH AVEN NEW YORK, NY	UE- 10TH FL. 10151				I hereby certify that the States Postal Service valderessed to the Mai transmitted to the USP	nis Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE Address 70 (793) 746-4000, or the	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.	
O9/913,361 12/03/2001 Flohe Leopold 9300008-2005 9710 TITLE OF INVENTION: METHOD TO DETECT MALE ANTIFERTILITY PROBLEMS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$686 700 S0 \$686 01/10/2005 700 S0							Countel	dark	(Depositor's name) (Signature) (Date)	
O9913,361 12/03/2001 Flohe Leopold 9300008-2005 9710 TITLE OF INVENTION: METHOD TO DETECT MALE ANTIFERTILITY PROBLEMS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$686 700 \$0 \$686 01/10/2005 EXAMINER ART UNIT CLASS-SUBCLASS GITOMER, RALPH J 1651 435-023000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. □ "pee Address" indication form PTO/SB/122) attached. □ "pee Address" indication form PTO/SB/122) attached. □ "pee Address" indication form PTO/SB/122 attached. □ "pee Address" indication form PTO/SB/123 attached. □ "pee Address indication form PTO/SB/123 attached. □ "pee Address" indication form PTO/SB/123 attached. □ "pee Address" indication form PTO/SB/123 attached. □ "pee Address indication form PTO/SB/123 attached. □ "pee Address indication form PTO/SB/123 attached. □ "pee Address indication form PTO/SB/123 attached. □ Palbication Fee (No small entity discount permitted) □ Advance Order - # of Copies	Г	APPLICATION NO FILING DATE			FIRST NAMED INVE		FOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
NAME OF ASSIGNEE A	TI	•		E ANTIFERTILI		•		9300008-2005	9710	
EXAMINER ART UNIT CLASS-SUBCLASS GITOMER, RALPH J 1651 435-023000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Leopold FLOHE Braunschweig, Germany Please check the appropriate assignce category or categories (will not be printed on the patent): Many additional fees required may be charted the fee of the patent of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment by recredit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to be posit Account Number 5. Change in Entity Status (from status indicated above) A Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	Ē	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
GITOMER, RALPH J 1651 435-502000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): And the following fee(s) are enclosed: And vance Order - # of Copies 10 Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10 A Advance Order - # of Copies 10 A Applicant claims SMALL ENTITY status. See 37 CFR 1.27.		nonprovisional	YES	\$685 700			\$0	\$685	01/10/2005	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fec(s): Any additional fees required may be charged the amount of the fee(s) is enclosed. To Dept. Acct. No. 50-0 Payment by credit card. Form PTO-2038 is attached.		EXAMINER		ART UNIT		CL.	ASS-SUBCLASS	100		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Braunschweig, Germany Please check the appropriate assignee category or categories (will not be printed on the patent): Braunschweig, Germany Please check the appropriate assignee category or categories (will not be printed on the patent): A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to be posit Account Number. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to be posit Account Number. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to be posit Account Number. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to be posit Account Number. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to be posit Account Number. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to be posit Account Number. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to be posit Account Number. The Director is hereby authorized by charge the required fee(s).		GITOMER, RALPH J		1651			435-023000			
Leopold FLOHE Braunschweig, Germany Please check the appropriate assignce category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government ☐ Gove	3.	CR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) a data will appear on the patent. If an assignee is identified below, the document has been filed for or a substitute for filing an assignment.							
Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fec(s): Any additional fees required may be charged in the fee (s) is enclosed. 4b. Payment of Fec(s): Any additional fees required may be charged in the fee (s) is enclosed. 4b. Payment of Fec(s): Any additional fees required may be charged in the fee (s) is enclosed. 4count Form PTO-2038 is attached. 4count Number fee (s), or credit any overpayment, the proposit Account Number fee (s), or credit any overpayment, the proposit Account Number fee (s) is enclosed. 5count Number fee (s) is enclosed. 4count fee										
4a. The following fee(s) are enclosed: Solution So	Ple	Please check the appropriate assignee category or categories (will not be printed on the patent): Implication or other private group entity Implication or o								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	4a	☐ Publication Fee (No small entity discount permitted)								
	•									
The Director of the USPTO is represented to apply the issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.	Th NO int									
Authorized Signature							Date January 10, 2005			
Typed or printed name Ronald R. Santucci Registration No. 28,988 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)								110.		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.